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CONFIRMATION NO. 7860

SERIAL NUMBER 10/033,055	FILING DATE 12/27/2001 RULE	CLASS 514	GROUP ART UNIT 1639	ATTORNEY DOCKET NO. 200.1079CON
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APPLICANTS

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** CONTINUING DATA ****

This application is a CON of 09/154,354 09/17/1998 PAT 6,552,031 ✓
which claims benefit of 60/059,195 09/17/1997 ✓

** FOREIGN APPLICATIONS ****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/05/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Allowance	3	18	4
Verified and Acknowledged	Examiner's Signature /P/ Initials				

ADDRESS

23280
 DAVIDSON, DAVIDSON & KAPPEL, LLC
 485 SEVENTH AVENUE, 14TH FLOOR
 NEW YORK , NY
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TITLE

Analgesic combination of oxycodone and celecoxib

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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